

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

		ecu	on of each violation is specified in the narrative portion of the				
Establishm	lent Name	1.0	1 # 590	Telephone Number	Date of Inspection (mm/dd/yr)		PERMIT #
Establishm	ent Addres	is (nu	imber and street, city, state, zip code)			2019	19-79
2000	Charl	)  est	rus Rd New Alberg, IN 47150	US 855 400			· •
Owner			•	Purpose:	Follow-up Release Date		
NOF	GEN	(	Corp. #590	Routine	No TODAY		
Ownersa	uaress		ge Goodlettsville, TN 37072	2. Follow-up	Summary of Violations:		
Person in (	harge	10	ge Goodichisville, IN 31012	3. Complaint			
	1 5-2	de t	4	4. Pre-Operational	C / NC / R 🚫		
	e Person's )			5. Temporary	Menu Type (See back of page)		
:				6. HACCP			
Certified F	ood Manag	er		7. Other (fist)	1 2	3	_45
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS P				
Section#		_	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" A	ND IN THE N		
449	C/NC	R	- (111111111111111111111111111111111111		To Be Corrected By		
731_			Observed unapproved bout stations i	5 BOH Storage		T.DA	<u> </u>
			-must be covered				
218	MC		Observed retail water lights to	he out		1 ~	ule
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Received by	(name and	title j		Inspected by (name and title p	rinted):		:
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Received by	(signature):	: [/	00 111	Inspected by (signature):		. \	-/
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